

# Getting the Message Right! Considerations for Media Campaigns to Prevent Opioid Misuse and Overdose

WEBINAR TRANSCRIPT

**Date:** June 13, 2017, 3:00pm to 4:30pm EDT

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**Presenters:** Maya Doe-Simkins, Overdose Prevention Researcher & Educator, SAMHSA's CAPT; and Traci Green, Deputy Director, Injury Prevention Center, Boston Medical Center

**Guest Presenters:** Tessie Castillo, North Carolina Harm Reduction Coalition; and Jessica Hawkins, Oklahoma Department of Mental Health and Substance Abuse Services

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**[Amanda Dougherty]:** Hello everyone, and welcome to the webinar *Getting the Message Right!: Considerations for Developing and Implementing Media Campaigns to Prevent Prescription Drug Misuse and Opioid Overdose*. Thanks for joining us today. If you have a few moments, we do have a lobby poll up for everyone as they start joining the room, and what we're asking you today before we dive into our presentation is, have you ever developed a media campaign before? This doesn't necessarily have to be on the topic of prescription drug misuse or in the prevention of opioid overdose. We're just curious if you've developed a media campaign in the past, and it looks like we're definitely getting some half and half results on the poll as we speak. Just for your reference as well, this webinar will be recorded and will be available to all participants once the webinar has concluded. It will be available in an email to you approximately a week from today.

I want to say welcome to those who are just now joining us. Welcome to the webinar, *Getting the Message Right!: Considerations for Developing and Implementing Media Campaigns to Prevent Prescription Drug Misuse and Opioid Overdose*. Like I mentioned a little bit earlier, we do have a lobby poll up. We're just asking folks that are joining us on the webinar if you've developed a media campaign previously, and this can be any media campaign. It doesn't have to be on the topics that we're discussing today as well. We're going to ask the question a little bit later about, if you have answered yes to this question, what kinds of media campaigns you developed.

And checking back in on the results, it looks like we're still pretty even. We have about 46.8 percent of folks who have developed a media campaign in the past, and we have about 52

percent who have not just yet. So, this is great to know for our presenters, and I think that for both sets of folks this is going to be very relevant information as you continue to develop media campaigns. We're just going to wait about one more minute for more folks to join us today, but thank you for being here.

Again, welcome to *Getting the Message Right!: Considerations for Developing and Implementing Media Campaigns to Prevent Prescription Drug Misuse and Opioid Overdose*. As we wait for this minute to wrap up and get into the content, we'll check in on our lobby poll one more time. When we checked it last time it was about the same results that we're having here. There are a few more folks who are indicating that they have not yet developed a media campaign before, which this is exciting. If you're diving into a media campaign and not had the opportunity to do so, this is a really great webinar to be a part of and listen to. And at this moment we have a 50/50 result. Great! This is very interesting. Now that we're at the three o'clock Eastern mark, I think we're going to go ahead and start to get into our presentation and move to our presentation layout. Thank you everyone for participating in that lobby poll.

Like I said, the webinar that you have joined us here today is called, *Getting the Message Right!: Considerations for Developing and Implementing Media Campaigns to Prevent Prescription Drug Misuse and Opioid Overdose*. Today, we're joined by Maya Doe-Simkins, who is an Overdose Prevention Researcher and Educator. We're also joined by Traci Green, who is known as a Deputy Director for the Injury Prevention Center for Boston Medical Center. And then myself, Amanda Dougherty, and I work for the CAPT as a Training and Technical Assistance Associate.

We are also joined by two additional guest presenters today. Tessie Castillo is from the North Carolina Harm Reduction Coalition, and Jessica Hawkins is from the Oklahoma Department of Mental Health and Substance Abuse Services. We'll talk about how they're going to be helping us to illuminate what media campaigns that they have developed as well.

Like I said, my name is Amanda Dougherty. I am a Training and Technical Assistance Associate with SAMHSA's CAPT. My role here is to help coordinate webinars and resources at the national level, such webinars exactly like this one. I typically work in topics of non-medical use of prescription drugs and prevention as well as overdose prevention here at the CAPT.

As with most of our CAPT webinars, this is developed under the task order that you see listed on our screen. I also mentioned briefly at the beginning during our lobby session that this webinar is being recorded, and if you have any questions about that, you may contact me. My information will be listed at the very end of the webinar.

Today we are joined by our presenters Maya Doe-Simkins, who is an Overdose Prevention Researcher and Educator. Maya, do you want to take a minute and say hello?

**[Maya Doe-Simkins]:** Hi everybody. It's great to be here with you. I've been working on overdose prevention and reversal for about fifteen years, and I'm really excited to talk

about this topic with you all.

**[Amanda Dougherty]:** Thanks Maya. We're also joined by Dr. Traci Green, and one of her many roles includes Deputy Director of the Injury Prevention Center at Boston Medical Center. Traci, would you like to take a moment to say hello?

**[Traci Green]:** Absolutely. It's wonderful to be here, and thank you for the opportunity to share what we've been doing, looking forward to it.

**[Amanda Dougherty]:** Awesome, thank you, Traci. As I mentioned earlier, we do have two guest presenters joining us today who are going to help us by giving an example of some media campaigns that they've worked on around this topic. We have Tessie Castillo, who joins us from the North Carolina Harm Reduction Coalition, and we also have Jessica Hawkins, who joins us from the Oklahoma Department of Mental Health and Substance Abuse Services. We'll hear from both of these amazing presenters a little bit later in the presentation, and we do have a lot of information to cover today, which is included in these objectives.

For example, we are going to be identifying some key components for developing a media campaign on preventing the non-medical use of prescription drugs, also known as NMUPD and overdose prevention. We're also going to be describing the impact of language on media campaign messages, and we're going to explore the considerations for implementation of NMUPD and overdose prevention media campaigns. That's a lot of where our friends, Tessie and Jessica, will come into the presentation as well.

In order to be able to cover all of that material, this is how we're framing our discussion for this afternoon: we're going to be setting the stage and making sure that we start with a foundation of knowledge of what we actually mean about media campaigns. We'll go ahead and move into the actual development of media campaigns and those considerations, as well as considerations for media campaign implementation which will be illuminated by an example from Dr. Traci Green about the MOON Study. We'll be able to hear from Tessie and Jessica about what they've learned from the field in implementing their media campaigns as well.

As we move into the setting of the stage component, we want to ask you another question before we dive into some of the content. Earlier we asked you all if you have developed a media campaign in the past, and for this question, especially for those who have developed a media campaign in the past, what prevention priorities, for example underage drinking or non-medical use of prescription drugs, have you addressed using media campaigns? If you are one of the folks in the lobby poll that mentioned that you had not yet developed a media campaign, feel free to answer this question with which prevention priority you plan to address in a media campaign in the future.

I'll also take this opportunity to point out that on the left-hand side we do also have a Q&A pod available in this presentation layout. If you have, at any point, a question for any of our presenters during the presentation, we'll be paying attention to that question and answer pod and making sure that we answer that either in the middle of the presentation during our Q&A sessions, or we'll be able to address that with you privately as well. It looks like

we have quite the number of results rolling in. We have about 58 percent of folks who have done an underage drinking media campaign in the past. We have also roughly about 57-58 percent of the folks who have done a prescription drug misuse media campaign in the past, and we've also got quite the results rolling in for other media campaigns. I'm seeing things such as opioid overdose, specifically, addressing binge drinking, transportation safety, and interpersonal violence. We definitely have a lot of topics being covered in here; that's fantastic!

Some of the other subjects I'm seeing here covered in the other category include fetal alcohol syndrome. We also have one here on binge drinking with adults, heroin and prescription drug misuse. I'm seeing heroin again on here as well and addressing youth suicide—fantastic! It looks like we also have quite the increase, but still an even number of folks that have addressed, in the past, underage drinking media campaigns, have also participated in creating prescription drug misuse campaigns. Definitely quite the experience and also quite the experience of those who are embarking on media campaigns as well in the future.

Great, so at this time we'll go ahead and close the poll. Thank you all for participating and letting us know what you have been able to complete in the past and what you hope to complete in the future as well. At this point we're going to go ahead and continue setting the stage, and I'm going to turn it over to Maya Doe-Simkins.

**[Maya Doe-Simkins]:** Hi, there. Thank you, Amanda. I just want to launch by first off really appreciating SAMHSA and the CAPT for tackling this really complicated issue. In my twenty years of public health work, there really seems to be a paradigm shift in terms of the approach and the perspective around this issue. I also really want to acknowledge how complicated it is to balance prevention of non-medical use of prescription drugs as well as opioid overdose death prevention; even though there is some overlap, they're complicated, and to balance those two is definitely a challenge and exciting. It's just been my observation recently that there's lots of pressure to produce and to affect change immediately, so I think it's important to just keep front and center this acknowledgement that we're working in the context of a really complicated issue and a lot of pressure.

I wanted to describe here that in general, when we're talking about media campaigns, we're talking about things that contain communication strategies. For example, social marketing, social norms, and media advocacy can be used to influence community norms, increase public awareness and attract community support for a variety of prevention issues. We can also use these strategies all under the umbrella of a media campaign to direct people to resources in their own communities or resources that don't exist in their communities but are available nationally.

I just want to talk a little bit about why we want to use media campaigns. We can definitely see some rationale for media campaigns when we're interested in increasing knowledge and awareness of risks. Also, when we want to change attitudes and motivations, beliefs etc. in the general community. And these two bullet points can really serve to have a secondary effect of mobilizing and inspiring folks to join coalitions or committees or campaigns that they weren't even aware were happening in their areas.

We also want to consider media campaigns when we want to influence social norms. So, for example, challenging public perceptions of secondary smoking or public acceptance of breastfeeding would be good general examples. In this particular case, we could examine questions around what is the role of people who use drugs in the context of overdose prevention. Are they part of the problem, or are they part of the solution? Or, what is the role of people who are in recovery from a substance use disorder in the context of prevention of non-medical use of prescription opioids? So, it's sort of challenging or increasing the social norms in the way that we think about different people's roles in improving our prevention capacity.

We also can use media campaigns to change structural factors that affect social determinants of the health. What I mean by that specifically, social determinants of health, are structural conditions in which people are born, live, work, age—they can be things like the environment, employment, access to healthcare. In a general context, we might think of a media campaign that affects a social or structural factor to be something like implementing a clean air policy to decrease pollution.

In this context, you might want to think about something along the lines of diversion or drug port structures that might influence people's capacity to prevent overdose and non-medical use of prescription drugs. We also might want to think about campaigns that would affect a smaller environment, like do people keep their substances locked up in their house if they have prescription opioids, for example. We also would use this to increase the availability and accessibility of health services, so really ensuring that people are aware of what is available to them in their area.

Going back to the issue that it's really complicated, I do just want to point out that these first two bullet points here can be kind of tricky, depending on what our goal of the media campaign is. Because, for example, if we're imaging our goal is overdose prevention, knowledge and awareness are not necessarily the major drivers of people's behaviors and activities when they have a substance use disorder. So, this isn't just an example of really needing to drill down and tailor our messaging to what our goals are.

We want to use media campaigns when we have a couple major goals. One is when we are looking for really wide exposure and reach. Mass media definitely can offer wide exposure. This can come at some cost, so it's worth it to do a little bit of a cost-benefit analysis of what level of exposure we want to obtain with our media campaigns.

We also we want to think about implementing media campaigns when the necessary resources are in place in our communities. I think this is really key with this topic, so we don't want to do a campaign that looks at naloxone access, when we know that we're in a rural area that actually doesn't even have any naloxone access, so we really want to be sure that the resources that we might be directing people to in our campaigns actually exist in our physical community.

When the timeframe is urgent, or we need to get the message out really quickly, it's a good time to use media campaigns. And that's also a good opportunity to use different venues to promote your messages, especially when your message needs to get out quickly and the

message may be changing quickly as well.

We also can use media campaigns whenever we want to reinforce education awareness messages. By their nature, when we get messages out to folks in our communities, we are increasing awareness. It's a good opportunity to include messages that provide information and awareness and then also these potential next steps for what's next with how people can affect positive prevention in their communities.

When we're looking at developing media campaigns, we need to really think about three main areas of decision: 1) We have to decide on the goal. 2) We have to figure out audience 3) we need to decide on the message. These are not necessarily linear. You can just decide on an audience first, and then you know how to fit the message and figure out which of the many goals would appropriately fit under a prevention media campaign.

Let's focus on goals for a moment. In defining the goals of the campaign, we need to tie this back to what the campaign goals are. Oftentimes there are many goals or at least more than one. So, the questions to ask ourselves are, "are we looking at preventing non-medical use of prescription drugs? Are we looking at preventing heroin use? Are we looking at preventing opioid overdose, non-fatal overdoses, or are we looking to prevent opioid-involved fatalities?"

If we're looking at preventing non-fatal overdoses, then we might look at some harm reduction messaging, for example. If we're looking at preventing fatal overdoses, we might look at getting information out about illicitly manufactured fentanyl or naloxone access. I think that it goes back to that this is a really complicated issue. Some of the messaging that we might use for preventing overdose might feel contradictory to messaging that we might use for preventing non-medical use of prescription drugs or heroin use. That's just to acknowledge that it might be worthwhile to think about either multiple campaigns or just having a realistic goal in terms of not necessarily combining overdose and non-medical prescription drug use so that we can have authentic and believable messaging.

When we are talking about identifying the target audience, we want to ask ourselves a few key questions, so like I said before, are we talking about prescription drugs misuse and prevention, or are we talking about overdose prevention? I haven't seen many examples of good campaigns that effectively address both of those things at the same time in the same campaign. I think that is a sort of a complicating factor. When we're working in the context of acute fatalities, we're really talking about a crisis of people dying, even though the long game of overall prevention of non-medical use of prescription drugs and prevention of heroin use will ultimately have some effect on preventing fatal overdoses. It's a long game approach to the fatal overdose goal, so that's just another estimation for why we need to consider the specific audience based on the specific goal.

Is it a universal or indicated population? This is another good question to ask ourselves when we're talking about identifying target audiences. By 'universal,' I mean everybody, generally the community at large, or 'indicated' is a special sub-group. This is important to consider if we really actually want to be getting at a smaller indicated population of people, we want to consider that and not approach it as if it were messaging for an entire group of

people, because some of the language that makes sense for some groups of folks might not broadly be understood by the general population.

There are six special audiences to target here. There are many more, but I think these are some of the really commonly targeted audiences. You can see that if you're looking at preventing non-medical use of prescription drugs, you might really hone in on some of these last three bullet points, like prescribers, pharmacists, young people. You also might look at people who use opioids as prescribed or people who use opioids medically. If you're looking at preventing opioid overdose, you might look at these top two bullet points, like people who use drugs including non-medical use of prescriptions and friends and family of people who use drugs.

When we're talking about behaviors and activities that are illegal and underground, oftentimes there's a real need to be careful with some of the language you use in the messaging. We're definitely seeing that when we're talking about fear-based messaging related to the strength of drugs, and I think that many of us have heard media messages around emerging fentanyls or carfentanyls – all these illicitly manufactured synthetic opioids. What we found is that messaging that says, "There's some really strong drugs out there" doesn't necessarily mean that the people at risk for overdose are going to stay away from those really strong drugs. We want to focus not on the strength of the drugs, for example, but what is the specific and targeted risk.

The other thing that we find is that there's also some unintended consequences related to fear-based messaging because it causes people to say, "Oh my gosh, why on earth would anybody ever do. . ." When we're really honing in on some of the major fear-based potential outcomes.

We also want to really be clear about testing with the intended audience to increase effectiveness and relevance. This is really just so we make sure people believe us and to make sure that it rings true with the intended audience that we're trying to access.

I'm going to walk you through this example that was one of the very first big media campaigns around illicitly manufactured fentanyl. It was one of the first, and it was pretty exciting. Right here you can see it says, "It's never going to be you until it is." So they didn't say "Be careful there's some really strong drugs out there"—that might have actually encouraged people who use drugs to go look for those really strong drugs; but instead it's focusing in on the danger not that there's really strong drugs.

However, conversely, particularly for people who use heroin, there are often times it's sort of a feeling of "it's never really going to be me," so this is one of the vulnerabilities of that message.

Right here, this little tag says, "Time of death and cause of death is fentanyl and unknowingly mixed with other substances," so this really tells us what the risk is. You might not know; you think you're using heroin, but you might not know.

Down here it reads "Get real, get the facts"; the problem with this, though, is that it doesn't really offer explicit strategies. It doesn't offer how we keep ourselves safe. People who use

drugs are at risk for overdose not because they don't know better, not because they don't know things, but because of other additional factors. Actually, this is one of the things where they're sort of missing an opportunity to direct people to a really powerful, locally available resource that might protect them and keep them safe. At this moment, I see that Amanda has asked me to pause for a second as there are a couple of questions.

**[Amanda Dougherty]:** Awesome. Thank you, Maya. One of the questions that we got firsthand that we want to be sure to address is, "what are some examples of needing to get the message out quickly" that you were mentioning?

**[Maya Doe-Simkins]:** That's a good question. I feel like this topic that we're talking about right now, this particular issue about fentanyl—it's illicitly manufactured, it's a synthetic opioid, and the way they're popping up in different groups and different regions is really acute. So I think that this is probably the perfect example of needing to get the message out really quickly. But the thing that's kind of troublesome is that different areas are experiencing it differently. We have pills being pressed to look like Xanax or oxycodone pills that actually contain fentanyl in some areas. In other areas, we're seeing fentanyl pop up in smokeable cocaine, for example, which is not a super common experience, but it's happened. That's an example of a need to get messages out quickly, and we need to know where those messages need to go.

**[Amanda Dougherty]:** Fantastic. It looks like we may have even have a participant, who mentioned, for example, if there's a local crisis with synthetic opioids in the heroin as well, that would definitely call for urgent messaging as well.

**[Maya Doe-Simkins]:** I actually think we could dedicate an entire three- or five-hour webinar to this issue. I think that there actually may be other webinars that are out there around this issue, too. I definitely think that that's the case. I'd hate to go too far into illicitly manufactured fentanyls just because it's really urgent, but also there's a lot of content there.

**[Amanda Dougherty]:** Definitely. I agree with you Maya on that note, and we also had a question about the audiences to include section. We had a question about whether to include at-risk or selective populations, as well. If they would be included in that list?

**[Maya Doe-Simkins]:** Absolutely. I think we should include that group of folks. In general, what I was mostly trying to get at with that bullet point is, are we talking about mass media to everyone in our community, or are we talking about really honing in on messages to particular groups of folks? Yes, I think that the ways that that we look at that issue definitely affects what our messaging is, and when we decide on the audience, it would affect our messaging for sure.

**[Amanda Dougherty]:** Fantastic! Folks please be sure to keep those questions coming through, but at this point too we'll go ahead and let Maya continue with the presentation, but we'll definitely address more questions later on in the presentation.

**[Maya Doe-Simkins]:** Hey, thanks Amanda. When we're talking about tailoring the message, to be able to maximize our impact, we want to do a couple of key things. We

want to consult with our intended audience, and we want to keep consulting on a returning basis with our intended audience. We want to make sure that our message is in line with the original prevention goal. I think that one of the reasons that we need to identify our intended audience and bring them in early on is we need to really believe people when they say things like, “this is cheesy” or “this isn’t believable” or “this is out of touch,” especially if we’re talking about young people.

Young people who use drugs are really sensitive to things that they feel like they’re not included in. That also means we have to create an environment where people are allowed to be honest with us around what they actually feel of how our message construction goes. We also want to pay attention to how to describe a target audience and communicate the message. We want to be aware that there’s a lot of trauma and sorrow and regret and that the data equal actual humans, people in our communities that they know or either have lost or are hoping not to lose.

We want to be careful so that we can maximize the positive output or the positive impact of our campaign. Health messaging can absolutely influence if and how people seek treatment for substance use disorders and whether, and to what extent, they trust providers, both healthcare providers and treatment providers. And also, if it just rings true to folks and how they receive the intended message.

I want to show you guys another example of messaging for people who use drugs, and this is an urgent, important overdose prevention issue. This is a flyer that was put out when people discovered some fentanyl involved in these counterfeit pills. On the left-hand side, you see photographs of the pills, so this is practical, usable, believable information that people out in the world might actually have seen. It rings really true and it’s pretty clear that it’s not very polished. It’s not super shiny. It feels like it comes from peers or people who are trusted, and it’s really timely.

Later on, after this draft one of this particular flyer, and with some feedback from folks, they ended up putting a time stamp on it. What that means is this is information gotten from let’s just say September 4th of 2016, and then they pulled that after that time period when it was no longer an urgent risk. They pulled it so it wasn’t indefinitely in circulation and people weren’t getting desensitized. I’ll pass this over to you for a second Amanda.

**[Amanda Dougherty]:** Fantastic. We want to take a pause here because what we’re also getting at in this presentation is more so about stigmatizing language, as well. We want to take a minute from our content to see if you all have heard stigmatizing language and where you have heard it specifically. Some of our options include news media, social media posts, education materials, possibly among prevention professionals. If you’ve heard it among other outlets, please feel free to type those into the right pod as well. We’ve seen on here among politicians, teachers, coalition members, peers, friends, and youth. It seems like they keep rolling in among EMTs, law enforcement—definitely a wide variety. It looks like a lot of where we’ve heard stigmatizing language in the past is mostly among news as well as in social media posts, which is coming in a close second.

Because we want to make sure to keep getting through our content and make sure that we

keep going through the presentation, I think we'll go ahead and close this poll a bit earlier. Thank you all for your participation on that, and I'm going to pass it back over to Maya.

**[Maya Doe-Simkins]:** Great. From this poll, it looks like we have some pretty widespread stigmatizing language. This really offers us an opportunity to change some of our language and to really try to pay really clear attention to what the implications are. I think that some of the things that we could think about are those that maybe oftentimes inadvertently use stigmatizing language. So, direct portrayals of a bad guy and a victim, especially if that bad guy is a person who uses drugs, I think we miss an opportunity to acknowledge that people who use drugs are our partners in fatal overdose prevention.

Also, messages that exaggerate the dangers of use or take a really moralistic stand, this serves to really shutdown, for the folks for whom the message is intended—to really shut down people's interactions with the campaign. I feel like the clearest, consistent example that I've seen of this is using descriptors of the current opioid epidemic as “the new face of heroin” or “the new victims of heroin.” These force us to really think about who the old victims are, why we don't care about them, and what the characteristics we're now paying attention to are. Those messages, even though they are clearly inadvertent and meant to create people's interest in and attention to the topic, they're reinforcing some racist, classist, and ageist notions about who does use drugs and who used to use drugs. I think there're some real opportunities for us to be really clear and intentional about some of the language that we use in creating effective messages around media campaigns. At this point, I'm going to hand this back over to Amanda.

**[Amanda Dougherty]:** Perfect. This is a time in the presentation where we'll go ahead and start to continue to address more questions that have been coming up in the Q&A pod. Thanks for those who have been able to submit questions. Our first question I have on here is, “Are there concerns around portraying substance use as common or normal?”

**[Maya Doe-Simkins]:** I think that this is a perfect opportunity to really ask ourselves that question. Is there concern with normalizing substance use, and my response to this would be to go back to what the goal is. I don't have a very clear answer to that, but what I do know is that the people who are dying are dying alone behind closed doors, ashamed, embarrassed, and having disappointed themselves and their communities at times.

I'm making broad statements here, but to me as a public health-trained person, there is no more profound indicator of a public health issue than a death. If we're looking at avoiding those deaths, I think we need to figure out how to address these issues and structures and relationships that keep people locked behind closed doors by themselves and alone when they are so vulnerable to fatalities. I know that's not a direct answer to your question. It's more of an answering a question with a question. Nonetheless, I feel like this is an acute moment in time, and there's a good opportunity for us to address some of those issues.

**[Amanda Dougherty]:** Fantastic! Another question that we have is, “What are the out-of-the-box means of getting the messaging to those that use drugs, since substance abuse puts people under the radar, in the dark, not exposed to the community engagement, and not feeling safe with authority complexes that may have resources?”

**[Maya Doe-Simkins]:** I'm thrilled to see that question, and I'm thrilled to say that I think that some of our presenters in the next part of the webinar have some great examples to share with you about that. I'm going to defer that question to some of our other presenters, but I think you're right on with asking the question.

**[Amanda Dougherty]:** I would agree. Stay tuned for our other presenters as well. We also have a question on here which says, "I've been at other trainings that say scare tactic ads don't usually work, but to rather focus on positive data that we have. I certainly understand the message from an ad like this, but what are your thoughts?"

**[Maya Doe-Simkins]:** It's been my experience that pulling people in and inviting members of an intended audience to frame a message is really helpful and perceived as authentic. Using that approach, rarely do those messages end up as really sort of fear tactic-y. Again, we have to go back to exactly what the message is. I feel like we find that the more involvement the intended audience has in constructing the message, the less often it involves fear tactics, so that's one. The other thing is when we really go far with some of our fear tactics, sort of the secondary question to those of us who are consuming the message is, "why on earth would anybody ever do this thing? That also kind of reinforces an isolation of those folks who actually do that thing. Anyway, that's a short answer, but I also think that some of our future presenters or other presenters will address this as well.

**[Amanda Dougherty]:** Thank you so much, Maya. I also see a couple more questions that are similar to the ones that we've asked previously that we may also address a little bit later in the presentation. One of them is, "What methodology do you find works best for message testing?" I think that we're going to hear more from Traci on the MOON Study that will definitely speak to more of that question. We also have a question that says, "Do you have more references to media campaigns that folks can check out?" Thanks for that. Yes, we will be providing references that we have from the CAPT that have examples of media campaigns that are beyond the ones that are included in this presentation as well.

We do have a few more questions that have been coming through. One of them is, and this is quite a big question, "How effective can a regional campaign be?"

**[Maya Doe-Simkins]:** That's a good question. I have a couple of quick responses to that. One is that evaluating media campaigns is definitely complicated, and that is another topic that I know what we've had conversations within the CAPT to address that particular issue. I guess that's a quick response—that's another one that is the topic for an entire webinar,

But also, I would add that it depends on the goal and it depends on what strategy and approach. The example that I showed you all with the different photos of the counterfeit pills was a regional campaign, and it was very effective in the area where it was implemented. At the same time, it was so clever that people took it and used it in other areas where it was not, where the information didn't come from, the pills didn't come from, the resources were not there, and it was less effective there. Even though it was perfectly designed for the group that it was originally intended for, at other places where there weren't on the ground existing resources for people to refer to, it also simply was not the actual experience of people where it was adapted. It definitely depends, and a lot of the

context would determine the answer to that.

**[Amanda Dougherty]:** I think that was a really great way of approaching that question, Maya. I am checking to see if we have any other questions that we can address before we start moving on, but we are a little bit crunched for time. I think we are at a time to keep moving through the presentation. We will have time towards later in the presentation, one more moment for a pause for questions. Thank you everyone for the questions that have been submitted thus far.

At this point, we've heard a lot about the development of media campaigns, and now we want to transition into thinking about considerations for media campaign implementation. This is where we have our other presenter, Dr. Traci Green, jump on to tell us about the MOON Study and what that is in relation to the implementation of media campaigns. Traci, I'll leave this one to you.

**[Traci Green]:** Great! I wanted to say thank you very much for having me on this afternoon's call so I can talk to you about the MOON Study and some of the work that we've been doing and learning, applying many of the things that Maya had shared with you today, and also pulling from the literature and then asking a lot of questions of the people who are our target audiences, whom we're trying to reach, around overdose prevention and naloxone.

I'm going to start with the slide that begins with the example of the MOON Study. In starting with this, I'm the principle investigator for the Agency for Healthcare Research & Quality, an AHRQ grant, so this is a funded three-year study. The MOON Study stands for "Maximizing Opioid safety with Naloxone," and the purpose of our study is to reduce harm from opioid-related adverse events, especially overdoses, to expand and reinforce the safer use of opioids and increase patient awareness about opioid safety and to increase access to naloxone as a rescue medication. The focus of all of this is the pharmacy.

In many of the states, beginning with Washington State and Rhode Island and very quickly forty plus states, we've had extreme uptake in naloxone policy changes and laws. With this, it's expanded access to naloxone through a partner who hasn't been typically a dispenser or provider of naloxone. The approaches that we wanted to take in two states that have been early adopters, Massachusetts and Rhode Island, were to conduct public health campaigns on opioid safety, opioid awareness and availability of naloxone. And then to focus on the pharmacy to increase naloxone distribution and patient safety education and thinking about how we might be able to do that with things like the "Prescription Drug Monitoring Program" and other safe disposal messaging.

One interesting piece of this was we really didn't know who was using the pharmacy in our two states of study to get naloxone. Who were the people we were trying to reach for overdose awareness? How do we get them, how do we understand what their concerns are, and how do we know what they know? The way that I know how to do that as a scientist and as an epidemiologist is to conduct research and ask people, so we convened focus groups. We convened nine focus groups in our first year, and we just completed another eight in our second year of study.

We brought them together in a series of focus groups and talked with them about their concerns, what they knew about naloxone and their concerns about overdose and their knowledge of overdose, but then also what they perceived of the pharmacy.

And then we set in front of them a series of posters that were already in use in the community and talked with them about what they liked, what they didn't like, what they maybe took from them or understood about naloxone and overdose. From that, we analyzed and wrote a series of papers, which you can consume at the Journal of American Pharmacists Association published this last spring, but we also then took that to an applied route and tried to generate a poster contest.

Going to the next slide, we can see the MOON Study poster contest we held to raise awareness of the importance of naloxone and provide information on how to access it in a clinical setting. We ran this poster contest gleaned and taking from our focus groups things like who those audiences were, and we learned from those focus groups that there were two real main ones: people who were prescribed opioids and their caregivers, and then people who were using drugs and their caregivers and friends. We also then took from those focus groups understandings about guidelines.

Regarding an earlier question asked about fear-based messaging, this really tanked across the board with these populations. Death is scary enough. We don't need a daily reminder when you go to the pharmacy that you might die from medications you might be taking or that you're at risk for death if you purchase a syringe over the counter. So, this gives the opportunity to reinforce other messages about naloxone and overdose awareness. But also, then we could create a rubric for judging and we did this by getting a panel of judges and bringing them together. They had a rubric, and we scored them. I did the statistics on it and from this generated some findings from our poster contest. What was really exciting in launching these very clear guidelines put up on a website for the MOON Study at Boston Medical Center, you're welcome to take a look at it, was an opportunity to reach out then and ask ourselves the question of who then makes these posters.

We don't know who consumes this information or who makes posters for overdose awareness and naloxone access. That was really a fun activity of reaching out and meeting new friends and meeting new collaborators and going to the far reaches of the country to meet people. We talked to public health students, medical students, pharmacy students, artists, graphic artists, harm reduction organizations, public health departments and family members affected. Pretty much anybody who would consume this information seemed to also provide posters. We had over a hundred submissions in that first year, and we've had in our second year over a hundred submissions this year too.

The first year we ran them in English only. One of the things that we learned from our focus groups more recently was that we also wanted Spanish language posters, so in our second year we have held poster contests that incorporate a winner for a Spanish language poster. Something that we learned from the focus groups was that messages that were most important and meaningful to the people who were prescribed opioids and their caregivers were really, "What is naloxone? What do you mean overdose? What's this

medication used for? What does it look like? What do products look like? How do you actually get it at the pharmacy?" It was the kind of the nuts and bolts, if you will. Those messages were more text heavy and/or had a very clear messaging in imaging for explaining what naloxone was. And for the folks who were using drugs actively, and their caregivers and friends, the messages were clearer about risk of opioid use and the need for naloxone, but also, they incorporated important messages on stigma reduction, as Maya had alluded to earlier.

In the next couple of slides, we're going to talk through some of the first year's winners and those will follow. Earlier questions had asked for examples, so I'm hoping that you'll consume some of these. I ask you to ask yourself who exactly is the audience for this poster and where exactly you would put this poster on display? I will tell you exactly what we learned from our first year and second year focus groups and actually where they're currently in place, which all of them are currently in place in a pharmacy or community in Rhode Island and Massachusetts at this time, and they may be coming to your community.

The next slide is the first example of a MOON Study-winning poster. Before I go any further, I should just mention that all of these that you will see are customizable. They are available for free, and they will be posted on a website called, "Prevent and Protect" which we're launching tomorrow. We will circulate that website link to the webinar attendees, so feel free to share that with other people. Again, they are publicly accessible and free for download and all customizable. If you're looking to put your logo on any of these for your state or health department or whomever, go for it. Please go forth and multiply.

The first example of the winning poster we had here was this one. This was intended for a parent caregiver audience and meant for the clinic or the pharmacy. The audience we intended to reach was the people prescribed medication for pain, and our focus groups indicated really high endorsements. The pharmacist and the family members especially seem to really like this poster.

It's currently up at the Boston Medical Center Outpatient Pharmacy and at Inman Pharmacy in Cambridge, Massachusetts. Some of the feedback we got more from this year is that people would like to see different races and ethnicities and similar people embracing, maybe different age groups with the same message, so we're currently developing those.

The next example has a lot less text. It is currently up all throughout Rhode Island and Massachusetts CVS pharmacies. This is currently part of our study. It is designed for all consumers, or intended for all consumers, and made for public spaces that had high foot traffic. The focus group testing that we did this second year, though, indicated that the message was actually most meaningful to drug users and family members. We'd really meant it to be as universal as possible. Indeed, what we found is that patients taking chronic pain medicines were not entirely sure what it was about. They thought it was potentially a shoe commercial, which is actually fine as long as we're reaching an important intended audience in some ways, but very helpful in terms of targeting or implementing that you could look to zip codes of communities that have higher rates of illicit drug use or higher non-fatal or fatal overdoses and consider putting posters like this

up. I think it speaks to the aspect of community caretakership and that naloxone and overdose awareness is really being the Good Samaritan and taking care of others.

The next example slide on this winning poster of this little girl was universally loved by all. This message was really aiming for people prescribed pain medications. We did see in all of our focus groups across the board that people were very concerned about children and children's exposures to opioids whether it was a take home methadone, a buprenorphine film or pills that were taken from a pill bottle. This one, interestingly, is up in many pharmacies. The Rhode Island Department of Health has selected this one for provision to all licensed pharmacies in the state. It was designed to reach parents and those patients prescribed pain medication, and it's meant for display in high traffic areas due to the low text here.

The fourth example kind of riffs on the U.S. Weekly, "What's in my bag?" routine. If you are a consumer of pop culture, this one might resonate with you. This winning poster interestingly does not, of course, have any human face messaging on this, and the idea is that anyone can carry naloxone at any time and be prepared. It was designed for people who use drugs and family members and friends—trying to aim for a younger demographic, or maybe at least a hipper demographic, I don't know. It was meant for low traffic, intimate spaces, perhaps even bathrooms or in a club environment or a dorm setting for a really young demographic, but it was really aimed at female caregivers and women who use drugs. So this is a very popular poster in our conversations. It is not currently up at pharmacies, but we look to have it in outreach to other community locations. We were very excited that the Massachusetts Department of Public Health has a similar type message and campaign potentially coming up, so we are excited to see this idea resonating.

The next slide, "Meet Kate," is a little more text heavy. I saw that many of you have conducted media campaigns on underage drinking and binge drinking, and this one may resonate with you. But to really highlight the caretakership that designated drivers and people like Kate can have naloxone and think about her capacity as a first responder. It's designed for a younger demographic of people who either who use drugs or family members of people who are using drugs. This one focus-group tested extremely well as well.

These posters have been really fun to generate and to shape. With some research and some venues for mass distribution, perhaps it'll go further, but they are certainly not the be-all, end-all. Thinking about consumable public awareness products beyond the posters, we've developed a couple of ideas. So, learning from the people who we discussed with in focus groups about naloxone access, we did learn that the professionals, especially the pharmacists since that was our focus, but also physicians and nurses, need help providing naloxone and they need help talking to people about naloxone. How can we help them talk about it in a way and with resources that we want them to have? How do we want them to talk to people in our community about naloxone when they come to the pharmacy asking for it?

Well, one way to do this, of course, is to generate some tools and to practice them, so the idea of academic detailing, or one-on-one conversations that are targeted with health

professionals. They need not be between other health professionals. We've been developing them for community members, and the idea is that someone with a great deal of training in a content area works with and has a one-on-one brief conversation, very targeted, about some specific ask of them that is public-health oriented. In our case, it was about providing naloxone to people.

So those materials were something that we found to be very important. You may develop something similar and maybe have developed something similar in your own communities. But we also heard the importance of people needing help asking for—and this is specific to the pharmacy—people needing help asking for and getting naloxone in their communities. And with respect to the pharmacy, they often have no idea what to say. What is it that you should exactly say? Do you need to say, “I use drugs, and I want naloxone”? Do you need to say, “I am a parent to someone who...”? You don't do this with any other medication, so training and helping people to provide a script or to provide some direction in their messaging is really important. Those promotional materials can make this easier, so there's an opportunity to create a form for asking for things that are extremely stigmatizing, like naloxone, and even actually for treatment, which can help support people to find their words.

I mentioned here a Secret Shopper idea. The quality improvement of service delivery, in general, requires a feedback loop. We maybe all use things like Yelp and similar other Consumer Reports and other feedback loops to allow for service provision to improve. Systems can't learn if they don't get that kind of feedback. In fact, many of you may have conducted for underage alcohol and tobacco sales, a Secret Shopper activity, for instance. Those are tools that we have borrowed from consumer activism and incorporated, and we really have more opportunities, I think, in the future around stigmatizing activities or stigmatized behaviors and conditions, to improve that in the care environment.

We learned that there are some tools that we could use to empower communities to caretake, particularly around naloxone access. This needs to not come from a place of a shaming or a mocking of the pharmacy or a shaming or a mocking of an agency, but really that the system needs to learn and it's a quality improvement aspect of naloxone provision or care provision. Scotland has really pioneered this with respect to naloxone by empowering drug-using peers to the Scottish drug users' forum to 'Secret Shop' naloxone—or “Mystery Shop,” as they call it—naloxone provision in their pharmacies. And that feedback loop is important to be productive, and so we've developed some ideas around this.

You can consider linking this to academic detailing. You have the opportunity to both have something be a check and also a directed response in terms of, “Look, we understand that you have naloxone here, but we've had some feedback that this hasn't always been the most productive of conversations. Maybe here are some tools that you could think about to incorporate in your pharmacy if you would like to talk about it today. Do you have five minutes?” and, “This is meaningful to me because I've lost someone or because I care about this community through my taskforce.” These are simple, small things that can go a long way in the prevention community, and I think you all could probably do.

Then finally, there is alternative media. Thinking about social media and radio—and other important sub-populations that can be reached through alternative and sometimes actually very, very organic media and messaging components. Really this is a call for knowing your geography and your populations and thinking about other things beyond a broad PSA to reach the people that are at highest risk in your community.

In closing, my last slide, here, is to encourage you all to target your audience with messaging that is hopefully evidenced-based—and if there is no evidenced based one, make one. Focus groups are an easy way to gather formal feedback, but then often when placing these materials into the community, you have an opportunity for informal feedback. That's something that you can listen to and incorporate into changes. Think about other products you might be able to generate for your community. I hope that you may take a couple of moments to visit "Prevent and Protect" in the next couple of weeks, as you explore more of those posters like the ones that I showed you today and maybe some of these other resources as a public option. It's related to our study, so this is also a way for us to help you as our study closes and keep proliferating good public health messaging.

**[Amanda Dougherty]:** Thank you so much, Traci, for that fabulous presentation about the MOON Study. If anyone does have any questions for Traci and/or about the links that she was referencing as well, in the interest of time for our presentation, we want to be sure that we get to the lessons from the field portion and hear from Tessie and Jessica. Feel free to include your questions in the Q&A pod. If we have some time at the end, we can be sure to pose those questions here, live, on the webinar. If not, we can also be sure to address those questions with you as follow-up during post webinar as well. Thank you again, Traci.

**[Traci Green]:** Absolutely.

**[Amanda Dougherty]:** At this point, we want to be sure to understand some more lessons from the field, just like what we heard from the MOON Study. That brings us to our portion where I'm going to introduce Tessie Castillo, as well as Jessica Hawkins.

Tessie is going to talk to us about her experience with media campaigns from the North Carolina Harm Reduction Coalition, and Jessica Hawkins, who's from the Oklahoma Department of Mental Health and Substance Abuse Services, is going to talk about their examples with media campaigns as well. We're going to go ahead and turn it over to Tessie first. Tessie, take it away.

**[Tessie Castillo]:** Thank you. Thank you for having me. I wanted to talk to you all a little bit about our media campaign around raising awareness around our 911 Good Samaritan Law and Naloxone Access Law, which passed in 2013. One interesting thing about this particular campaign is that after the law passed in 2013, we had no funding at all to run a media campaign and no staff who really had experience running a media campaign. We had no graphic designers, so this is an example of sort of a bare bones media campaign that you could put on if you have no money.

Basically, what our objective was, was to raise awareness about this new law in North Carolina. We had had a lot of people dying because they were afraid to call 911 during an overdose, they were afraid of prosecution. And so this law gives protections for both the

caller and the victim when they were calling 911, so that they couldn't be prosecuted for small amounts of drugs—but in order for it to be effective, people had to know about it. The law also increased access to naloxone for folks, so that they could get naloxone from community-based organizations, such as North Carolina Harm Reduction, and did not have to go through a doctor or go to a pharmacy to get the naloxone anymore, so we also wanted to raise awareness about that.

Our target audience was, of course, people who were at risk for either experiencing or witnessing an overdose, or someone who may have a loved one who was at risk for an overdose. We started off with our messaging. We were very simple and straightforward in our messaging. Messaging around the 911 Good Samaritan Law was simply don't be afraid to call 911, and we had some posters and fliers that we put out with that headline and information that just briefly described the protections under the law. We really tried to hammer that in: if you're in a situation with an overdose, just call 911 and don't worry about it. Think about saving the life first.

Around naloxone, one of the challenges was that a lot of folks didn't know what it was, didn't know that it was safe or easy to use. Also, back in 2013, the only real form of naloxone available was the intramuscular form, and a lot of people didn't know how to use that or were a little bit nervous about using the syringes. So that was one of our messages—how safe and easy it was to use; and then, of course, where you could get naloxone for free and where you could get training on how to use it.

The media that we used was all free or almost free media, because, again, we did not have a budget to do this, and it was a statewide campaign that we ran over the course of an entire year. So we used social media, of course. We used that a lot and relied very heavily on Twitter and Facebook posts—just putting that stuff out there and having it shared among other coalitions, so that they could get the message out to people. Again, don't be afraid to call 911 and call us if you need naloxone. We'll train you on how to use it.

One other method that we used was just simply fliers and brochures and little cards that we could give to folks who use drugs. A lot of the people we were targeting were in treatment centers, or detox centers, or jails, or prisons, or methadone clinics, where they didn't really have access to computers or Internet or even phones. Just having a printed flier and putting it up in the lobby or having a little card or brochure that you could give them that they could carry in their wallet with the information about the new law on it so that they could reference that, or information about where to get naloxone, was something that we used for them. We basically just printed simple fliers. Again, we had no graphic designer on staff, so we just kind of did it ourselves. It was more important to have just the content of the flier and the distribution method.

And then, we used local media. Local media is free media—free local radio stations, local TV stations, local newspapers, PSAs. We reached out directly to those entities, and we pitched story ideas to them. Basically, we said, "Hey, heroin use and opioid use are big problems. We have these new laws now that address these issues and we can do a story and get you interviews. If you agree to do a story, we'll get you interviews with survivors, people who survived an overdose because someone called 911, people who lost someone

because someone was afraid to call 911, and people who had naloxone used on them or had used it on someone else.” These were stories that the media just snapped up.

Basically, the main lesson we learned is that less is more. You don't need a lot of money or anything to be able to pass this information along. It is, in many ways, as simple as word of mouth and just printing out a bunch of cheap cards that people can put in their wallets and walk around with. It's amazing how fast the information can spread among drug users, as you see users helping other users and users educating other users and giving them the information to help their friends.

We also learned a lot about being the go-to expert for local media. When we started off, we were a very small, very unknown organization. Usually, when I would call reporters and ask them to do a story and tell them I was with North Carolina Harm Reduction, they would say, “Well, what's that?” But, as we got a reputation for giving good stories to reporters in the area, and giving them good people to interview that got them a lot of coverage, they started coming to us. And now, years later, it almost feels like every time there is a story on heroin or opioids in the area, we get called and they ask us for help with it. We sort of became that go-to expert and it's a free way for us to get a lot of exposure through the TV and the radio and the newspaper at no expense to us really. Those are some lessons that we learned.

These are a couple of the fliers that we put out. This was just one on the Good Samaritan Law that we would hang in the lobbies of like methadone clinics, or we even put them in the jail.

This is another poster that was put together on how to use naloxone, which we would distribute to people with their naloxone kits. I just wanted to mention really briefly, while we were doing the 911 Good Samaritan Law campaign, which lasted about a year, although we have continued to talk about the law even since then, we have also run an anti-stigma education campaign because, as was mentioned earlier, a lot of these issues with overdose and criminalization and poor health among drug users really come down to stigma and not feeling like they can ask for help because there's a lot of shame associated there.

We've been steadily, over the past twelve years of our existence, pumping out a steady diet of blogs and articles in national media, on a Huffington Post blog, through the listserv, and social media, and also through the local news. Whenever we get calls to do stories about opioids, we also try to talk about stigma in the same interview—we just work it in somehow, even if they don't ask an actual question about that—and really just trying to drive home the points that drug use should be a public health issue, we should not be criminalizing it, and that it affects everybody. That has been really effective.

In our state, we've seen the tide sort of turn from a lot of stigma against drug users to more open minds about drug use and approaching it as a public health problem. It hasn't been really a formal campaign, and also not a funded campaign in any way, but it's just something that we've done over the years. We've noticed it makes a lot of difference and has sort of laid the groundwork in our state for us to be able to move toward better policies

that are better for drug users and their health.

This is an example of just one of the articles that we put out that talks about stigma and against using punishment only to resolve some of the issues with drug use where we just do interviews with folks who are using to get those stories out there and to really humanize it. That's it—any questions?

**[Amanda Dougherty]:** Thank you so much, Tessie. Because we are at a time of 4:16 Eastern time, we do want to hold all questions for the end, because we want to make sure to give ample time for Jessica to tell us about what they've done over in Oklahoma as well as share with you some of the resources that we have at the CAPT to help you move forward in developing these media campaigns as well. Those of you who have entered questions in the Q&A pod, we do have those marked. We can hopefully take those at the end, but again, if we do not time, we will be sure to follow up with you post webinar as well with answers to those questions. With that in mind, I'm going to go ahead and pass it off to Jessica Hawkins. Jessica, take it away.

**[Jessica Hawkins]:** Okay, thank you. I just want to quickly acknowledge some folks we have in the room: our Director of Communications, our Project Director on SPF-PFS and SPF Rx, and our Project Director on the PDO Grant—these are all people that have been instrumental and will continue to be instrumental in shaping our campaign in Oklahoma.

Really quickly, I think it's important to highlight the use of data in crafting your prevention interventions, including media campaigns. I share this slide to show you that here in Oklahoma, of our unintentional overdose deaths, prescription drugs are the most involved drugs in deaths in Oklahoma. And of those deaths, people who are dying from prescription drugs poisoning, most are dying, of course, from opioid medications. This helps us frame not only this type of data, but geographic data and other sort of epidemiological data, to shape our messages and know what populations to tailor messages to and what mediums to use.

For us in Oklahoma, our approach has really been a comprehensive approach starting several years ago with our Governor's office throwing the weight of her office behind support for a large taskforce that came together to develop a state plan to address this problem, which, in our case, as I said, was really an issue of prescription drug abuse.

Those state plans really focused on three areas: prevention and communications, monitoring and diversion, and intervention and treatment. We had a state work group develop in 2013 that continues to meet to oversee implementation of that plan. Some of the actions that were included in that plan...of course, you can see how diverse our commitments to action have been in the varied work that has gone on in Oklahoma to address this problem. One of which was a communication campaign, and I wanted to illuminate that just to talk about the fact that we really believe a comprehensive approach is needed, and in order to achieve real outcomes on these problems, a communications campaign should be an element of an overall plan in your state.

For us, we had three aims in our particular campaign. First, echoing many of the same themes that you heard from other speakers, we wanted to make sure that we were

evidence informed, that we presented factual information. Of course, we wanted to avoid sensationalizing the problem and really focus on presenting accurate information to Oklahomans.

Second, we wanted to tell stories. We wanted to use sympathetic narratives and highlight real local Oklahomans experiences for a couple of reasons. First, to connect the public at large to this problem for those who maybe four or five years ago, when we started this work, maybe weren't directly impacted. Second, by connecting people to real Oklahoman stories, we felt like it was adding an element of anti-stigma and also really priming Oklahoma to be ready for some of the messages we wanted to put out around this issue.

I think this is a good time to recognize one story in particular, among many who have contributed in Oklahoma to our media work, which is the Box family. Very early on in our work in state planning and crafting our communications campaign, we had a family of a University of Oklahoma Sooners football player, who tragically died of an opioid overdose, want to become much more involved in addressing this issue. Together with our taskforce and many groups, this family really did lend their son's story. Also, the fact that their son had a prominent role in our community here in Oklahoma within collegiate sports too, allowed us to really talk about how his death has not only impacted their family, but for the opportunities for the community and for Oklahomans at large to get involved in this issue. It was a galvanizing experience for our campaign, and it also helped set us forward with a theme of really highlighting stories of Oklahomans.

Third it's very important to us to offer clear and achievable actions that Oklahomans can take in their communities around this issue. We wanted to offer through our messaging simple solutions and calls to action.

We focus, in our campaign, on three universal behaviors that we communicate to the public. One is, first of all, opioid prescriptions can be dangerous. We want to make sure that they're safely stored. We focus on proper disposal of unused or expired medications. We also focus on a message or a call to action around prescriptions being used as they were directed. That means, for example, not sharing medications with others, not mixing medications with other things like alcohol or other drugs and also taking medication as it was intended or dosed.

More recently, we have added an element around overdose prevention and naloxone administration, which I'll tell you a little bit more about. The platforms that we have used predominantly are web and social media, earned media through news-making television and print materials. We've had some good results, as you can see. We believe this is because of some strong brand recognition in our state for the campaign and also a lot of participation within the various mediums that we provided on web and social media.

I want to focus in specifically on earned media for just a moment to talk about the role of news. In our particular state, and I've heard from other speakers' examples of news media, for example from Tessie, it's been incredibly important to shape the conversation in Oklahoma by using our news media to help tell these stories. I just want to share a screenshot of our state main newspaper called, "The Oklahoman." This is newsok.com,

and through various partnerships with news outlets we've been able to leverage really the reach and also the voice of these news makers and influencers in our state to tell these stories.

We don't rely exclusively on our own website or our own produced social media, but rather utilize these platforms to have an even deeper reach into the community. As you'll notice on the screenshot just from this one page, they've embedded several series of stories within their news-making activities online. You'll see that they, too, were following some of the same guidelines we set up around storytelling and focusing on real Oklahomans. Also on the right-hand side, you'll notice the editor of this particular news outlet sharing her story about her family.

I wanted to talk to you about what we feel in Oklahoma is really a critical piece of our campaign, which is engagement of local communities. This is not just an effort, for example, that happens at the state office and is produced and generated from where we sit; but local partnerships with prevention coalitions and prevention agencies and our state regional prevention coordinators has been critical in disseminating this campaign. Prevention partners that are contracted with us, for example, are required to engage with media, and they use our state-produced material and media kits that we provide to them to place information locally. Really, they know best how to use local mediums within their communities and their markets to reach local populations, so we rely on them heavily to expand our reach and to help mobilize key influencers to deliver some of these messages that we help fund or create at the state level. Those local relationships are really critical for us at least in our campaign.

There are some new directions or some lessons learned for us going forward in Oklahoma. We are undertaking a full review of our "Take as Prescribed" campaign and working on refreshing and really critically examining some of the information and the messages that we have been putting out into the community. For example, we are looking very closely at our use of terminology, such as "painkillers" or "safe prescribing," and really wanting to do some new focus grouping and test that against some of the new evidence we have since we first developed this campaign several years ago about whether that message is even appropriate anymore.

We are fastly developing overdose prevention-specific messaging. We're identifying messaging to niche markets, for example, whereas our campaign right now is focused largely on universal populations. We did that to kind of prime Oklahoma and do some landscape media getting people ready to talk about these issues. Now we're ready to move into some niche marketing, some small, but specific and well-defined populations, with some tailored messages.

Also, moving forward, we're going to be exploring some more diverse technology platforms, like texting applications, web apps, and other things to add to our portfolio for our campaign.

I put two images here because I want to preview for you some of the work that we're starting to do in overdose prevention. This is an offshoot of our campaign called "Save

Someone.” Of course, it’s the play on the “one” with the word “naloxone.” This campaign was borrowed, with permission, from another country that developed this messaging, and we’ll be focus grouping and doing more message testing around this as we roll this out.

Currently, our overdose prevention messaging on our campaign has been largely focused on first responders and healthcare providers. As you can see, we’re going to be focusing much more through our “Take Home Naloxone Programs” that we’re starting on loved ones and on those who are likely to be witnesses of overdose. Like so much of what the other presenters have talked about, we’re always on an ongoing basis reevaluating our work and making sure that we’re reaching the outcomes that we were hoping to achieve. With our new naloxone work, much like Tessie mentioned with the North Carolina Harm Reduction Coalition, we’re going to be focusing on the ease and the safety of using naloxone, we’re going to be focusing on the importance of calling 911, and also on the availability of naloxone in our state through new programs. Thank you so much for allowing me to present.

**[Amanda Dougherty]:** Thank you so much for joining us, Jessica, and showing us the great work that you’re all doing over there in Oklahoma. I know that we also wanted to have time for questions for you, as well, but I see the time, we’re at 4:28 Eastern time, and we want to make sure to get through these resources that we have to show you, as well answer one question that I think is particularly pertinent before we all leave you as well.

If you do have any other questions, keep putting them in our Question and Answer pod. We’ll also leave the room open a little bit after time, that way if any questions are entered into there we can address them post webinar and follow up directly to you.

In summary, and to start concluding our webinar, these are the topics that we’ve covered today. We mentioned that media campaigns to prevent NMUPD and overdose should include a well-defined prevention goal, as well as audience and prevention message; that language has a large impact on the audience perception; and as part of implementation, testing the message with your target audience is an important component as well. This is really drilling it down to just the most basic components of our webinar today, but this is largely what we have covered.

We want to make sure you’re aware of CAPT resources that we have available for finding out some more information. Two of the newest resources that have come from the CAPT and are available here to download, as well, are particularly for media campaigns for preventing prescription drug and opioid misuse. The first link that is listed there is sort of an inventory of examples of preventing prescription drug misuse media campaigns. Then the second link that’s on there is media campaigns to prevent prescription drug use, marijuana misuse and underage drinking—and media campaigns directed towards those topics, but really their evidence of effectiveness. So those resources are available here for download, as well as on our CAPT website.

To download those handouts that I mentioned, they’re right below the set of slides in that pod down there. We also have some additional CAPT resources available that are all listed on here and available on our website. You will also receive these slides as part of your

follow-up materials, and you can click on those links directly in the slides once you receive those.

We also have some webinars in development that are related to this topic, because media campaigns are only one component of larger communication strategies for addressing NMUPD and overdose prevention. Some of the webinars that we do have in development coming soon are one related to best practices for developing communication strategies pertaining to the prevention of NMUPD and prescription drug overdose.

We also are working on a webinar that will address approaches for evaluating media campaigns and other communication strategies to prevent NMUPD as well as prescription drug overdose. Because we have the tools now for developing and implementation, we want to be sure later on to address the evaluation of these media campaigns as well, which that webinar will address.

As part of our final thoughts and questions, we are a minute over time. If you are still with us, great. We also understand if you have to log off. We will be sure to address any and all questions as part of follow up, but if you are still with us we have one last question that I think is important to note, at least while we have some folks still, and which I will pose to Maya. "Is the more widespread availability of Narcan encouraging increased opioid use or abuse. If so, wouldn't the message miss the mark?" and Maya if you can answer this within a minute of your time that would be fabulous.

**[Maya Doe-Simkins]:** I can absolutely do that. The answer is no. I'm just kidding. I mean I'm not kidding. We've done a couple of different studies and there's more coming out every day that increased access to naloxone does not increase with the opioid use or misuse. As much as it makes perfect sense as an initial concern, we have found that it's similar to seatbelts increasing car driving safety, fire extinguishers increasing fire safety. In the same way, naloxone increases safety around opioids. It's a good question to ask, and it's not something that we're seeing at this point, but it was really nice to be talking with you all.

**[Amanda Dougherty]:** Thank you so much, Maya. That brings us to the end of our webinar. Again, if you have any other further questions/comments, feel free to contact me. My information is listed on the screen, [adougherty@edc.org](mailto:adougherty@edc.org), as well as my phone number to reach me. That is the conclusion of our presentation today. We do have an evaluation for you to fill out, which should be sent to you automatically as well, and it's available at the link on your screen. Thank you to everyone who is able to join us today. We were happy to have you. Have a great rest of your day.